



## PEACHTREE ORTHOPEDICS

### POC Outside Services Accounting Form

Today's Date:	8/15/17
Company Name (Requestor):	Princenthal & May
Service Date:	*
Requestor's Name (AA):	Patricia Payne
Provider's Name:	Shevin Pollydore
<b>Highlight</b> the type of Outside Service to be performed:  1. Medical Record Review 2. Excessive Records 3. Deposition 4. Attorney Meeting 5. Attorney Phone Conference 6. PPI/MMI Rating Fee 7. Questionnaires and <b>Narratives</b> 8. Special Report and Insurance Forms 9. Letters 10. Surveillance	Visa Kenneth B Morris 4741 6539 9570 8791 Exp: 10/20 Security Code:061  Mailing address: 750 Hammond Dr Bldg. 12 #200 Sandy Springs , GA 30328  Email:mandi@princemay.com
Amount Due:	\$900.00

Email to:

Veronique Hayes

vhaynes@pocatlanta.com

*For Accounting Use Only*

Invoice # OS17-01429SDP